Agreement to Provide Supervision for a Person with Temporary Permission to Practice

(supervisor)	y agree to provide supervision as required
by and as defined by 201 KAR 23:015 to	to
	(supervisee)
function as aLSWCSWLC	CSW with temporary permission to practice
at until such (facility name)	n time as the appropriate credential is
received, the period of temporary permission	n has expired, or this agreement has been
otherwise amended or rescinded in writing.	
I further agree to accept responsibility named individual in the social work capacity	y for the practice and activities of the above listed above.
I further state that I am the superviso temporary permission to practice.	or of no more than two (2) individuals with
I hereby agree to provide a minimum supervision per week during the period of ter	of one (1) hour of individual face-to-face mporary permission to practice.
I hereby acknowledge that I am crede person for whom I will be providing supervisi	entialed at the same or higher level than the ion.
I acknowledge that the failure to super provisions may be considered as a violation regulations promulgated thereto and may su of Examiners of Social Work.	
Signed:(supervisor)	Date:
Name:(printed or typed)	KY License Number:

Please Note: This permit is valid for a maximum period of eight (8) months from the date of issuance. A person practicing under a temporary permit as a certified social worker shall not engage in the practice of clinical social work or accumulate hours towards the supervision requirements of KRS 335.100 (1) (b). The temporary permit holder must take the first available examination after approval of application. If the examination is failed, the temporary permit holder may continue to function under the temporary permit until the examination is retaken (minimum six (6) months) and passed. In no case may the temporary permit holder continue to function under the temporary permit for more than a total of eight (8) months from the original date of issuance.